

**APPRENTICE DAILY WORK EXPERIENCE RECORD**

For use of this form, see DA PAM 621-200; the proponent agency is DCSPER

PAGE

OF

Requirement Control

Symbol

LABOR-1204

NAME (Last, First, MI)

MONTH

YEAR

PROGRAM NAME

PROGRAM NUMBER

DATE	HOURS WORKED ON WORK PROCESSES																												SUPVR'S INITIALS
1																													
2																													
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30																													
31																													
TOTAL																													

JUSTIFICATION/REMARKS

I CERTIFY THAT THE FOLLOWING STATEMENTS ARE CORRECT: The hours claimed above are apprenticeship work process hours **NOT** hours present for duty or those spent performing non-apprenticeship duties such as guard, charge-of-quarters, etc. To the best of my knowledge, the hours are correct as listed.

APPRENTICE'S SIGNATURE

RANK

DATE

SUPERVISOR'S NAME AND SIGNATURE

RANK

DATE